

Joint inspection of services for children and young people in need of care and protection

Case File Reading Guidance

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Introduction

The joint inspection of children and young people's services takes a focused look at children and young people in need of care and protection. As part of the second phase of the inspection process, members of the inspection team (including staff from the Care Inspectorate and other scrutiny bodies) alongside local file readers undertake case file reading. This guidance is for all involved in file reading activity.

Why do we read records?

We read the records of individual children and young people in order to help us assess practice and key processes. Reading case records is one part of the inspection process and this, alongside other methods, helps us reach conclusions about the extent to which children and young people in need of care and protection and their families are being supported by effective joint working across services.

Early in the inspection process the partnership is asked to submit a list of children and young people that meet the two categories outlined below on an agreed date (known as the due date). Individual cases are then selected by a sampling process designed to ensure an unbiased and statistically valid sample which enables the results to be generalised beyond the case file sample. Therefore the case file reading helps us to confidently make inferences about the overall practice of the partnership beyond the case files read. Once the file reading exercise is completed, the information is gathered into a statistical report which is shared with the partnership. The inspection team then analyses the information provided in the report and this contributes to the overall findings of the inspection.

What records are we reading?

We read the records of children and young people in need of care and protection. By this we mean:

- Children and young people who are currently, or have been within the past year, on the child protection register.
- Children and young people for whom community planning partnerships have corporate parenting responsibilities. This includes looked after children (at home, kinship, foster or residential placements, or looked after due to receiving a series of short term overnight breaks), young people in continuing care placements and young people entitled to aftercare support (up to the age of 26).

For case file reading purposes we use the term **individual** to mean the particular child or young person whose record we are reading. Answers given in the survey should be for that **particular individual** (not siblings or other family members). We read the lead professional case files for all cases and we also read relevant additional case files (social work, police, health, education, SCRA) for children and young people who are or have recently been on the child protection register. When reading files, we are assessing the practice of the partnership (not only the lead

professional) and therefore the contribution of all relevant staff should be considered in order to answer the survey questions.

Survey contents

The survey is divided into 6 sections as follows:

- Section 1: general information section to record key details
- Section 2: recognising and responding to concerns
- Section 3: key processes (assessment, planning, use of chronology, and reviewing)
- Section 4: use of intervention
- Section 5: involvement, quality assurance and supervision
- Section 6: impact and outcomes

Questions within the survey are of differing types including closed questions ('yes/no'), evaluative questions ('rate') and open questions ('comment'). This is to support the gathering of different types of evidence during the file reading.

Confidentiality

- File reading takes place in a quiet environment and any discussions should take place outwith the immediate file reading area.
- Local file readers will not be expected to read cases that they are already familiar with and the inspection lead should be made aware of this if it arises.
- On occasion file readers may be concerned about the safety of an individual (or indeed a family member) during the case file reading process. If this is the case, this should be discussed with the inspection lead (or deputy lead) and the 'matters of serious concern' process will be followed if deemed necessary by the lead/ deputy lead. This is then raised with the identified contact person from the partnership.

Key points to note

- This guidance is designed to complement, not replace, your professional judgement. However it is essential to use the guidance both to help explain questions but also to help to promote consistency in the evaluative questions.
- Focus on practice in the last two years only, to ensure our findings are relevant and helpful.
- It is your responsibility to ensure that there are no identifying details (about individuals, family members or staff members) entered into the survey. Be particularly careful about this when entering free text.
- In evaluative questions, ensure that you refer to the guidance for either Ratings Scale 1 or Ratings Scale 2 as directed in the question. The rating scales are included on the following pages but there may also be specific

notes about rating in relation to some of the questions where this is appropriate –**refer to both**.

- Ratings of excellent and unsatisfactory using Ratings Scale 1 should always be discussed with the inspection lead or deputy lead, both for moderation purposes and so they are aware of any concerns or excellent examples.
- There are a number of references to ‘named person’ in this document. On 19 September, the Deputy First Minister announced that the mandatory named person scheme for every child – enshrined in the Children and Young People (Scotland) Act 2014 – will be repealed. While the mandatory named person scheme will no longer be implemented, existing voluntary ‘named person’ schemes that provide a point of contact for support will continue under current legal powers, where councils and health boards wish to provide them and parents want to use them. You should take account of this and any future guidance regarding information sharing when reading children’s records.
- In many areas of the guidance there are lists of possible factors to consider. Note that these lists are not exhaustive. Also there will be times a factor to consider is not relevant or not appropriate for the individual you are considering. You therefore do not need to include this in your evaluation.
- It may take you longer than you think to read files and pay attention to the guidance particularly at the beginning of the exercise. Don’t worry about this as the most important point is to gather high quality evidence.

Rating Scale 1

Excellent – You will be able to agree with all of the statements where they are appropriate. All of the areas are very strong. There are a number of features above the normal standard of practice and these aspects together should ensure an extremely high-quality experience for the individual (and any other people as appropriate). A rating of excellent indicates clear evidence of an outstanding level of professional competence.

Very Good – You should be able to agree with all of the statements where they are appropriate. There are no weak areas and there are areas of real strength. Practice is of a high standard and should demonstrate professional competence which exceeds an acceptable level.

Good – You should be able to agree with almost all of the statements where they are appropriate. There are a few weaker areas which could be strengthened. Practice is of a good standard in most aspects and should still demonstrate an entirely acceptable level of professional competence.

Adequate – You should be able to agree with most of the statements where they are appropriate but there are some areas of weakness. These weaker areas have, or are likely to have, reduced the quality of the individual's experience. A rating of adequate should demonstrate a basic level of competence and practice could be strengthened.

Weak – You cannot agree with more than half of the statements where they are appropriate. Some key areas are weak. There is a lack of professional competence in key areas and/or services are not working together effectively.

Unsatisfactory – You can agree with only a minority of the statements where they are appropriate. There are major weaknesses. Practice is compromised and/or there may be a risk to the wellbeing of the individual (or other people) due to one or more of the following: key staff demonstrate a lack of professional competence; services are not working effectively together; critical resources are not made available; insufficient attention has been given to key areas.

Rating Scale 2

Completely – You will be able to agree with all of the statements. Where individuals have not engaged with services there is clear evidence of a concerted effort to overcome these difficulties. Any delays and gaps in provision are minor and not affecting progress.

Mostly – You will be able to agree with most of the statements. Some interventions may have been completely successful but there is a clear need for some improvement in at least one of the areas. Progress has been made but there remain some minor outstanding objectives. This may be related to a gap or delay in the delivery of an intervention or a need for improvement in engaging individuals.

Partially – You will be able to agree with one or two of the statements. Significant needs are not being wholly met. This may be related to a delay or gap in provision. Efforts to engage with individuals have been inconsistent and progress is limited. Some progress has been made but there are clear areas for improvement.

Not at all – You will not be able to agree with any of the statements. There have been significant delays and gaps in provision of interventions. There is no evidence of progress. Efforts to engage with individuals have been ineffective. There may be evidence that interventions have not been in the best interests of the individual.

Not applicable – This question is not relevant for this individual.

Section 1- General information

This section provides information to allow us to link findings to particular groups of children and young people.

1.1	Enter your own name.
1.2	Enter the date on which you are reading the case file.
1.3	Record the partnership area (for example Fife or East Renfrewshire).
1.4	This is the ID given by the Care Inspectorate (not the individual's case file number or any number given by the partnership area).
1.5	<p>Use the records provided to determine whether the individual was either looked after, or in continuing care or aftercare on the due date (NOT the date on which you are reading the record, by which time the individual's circumstances may have changed).</p> <p>If you answer <u>NO</u> skip to 1.7.</p>
1.6	Use the records provided to determine the category that applied to the individual on the due date (NOT the date on which you are reading the record, by which time the individual's circumstances may have changed).
1.7	Use the records provided to determine whether the individual's name was on the child protection register on the due date (NOT the date on which you are reading the record, by which time the individual's circumstances may have changed).
1.8	<p>Use the records provided to determine whether the individual's name was removed from the child protection register within the past year (from the due date).</p> <p>Note that the file reading concerns children, young people and young adults in need of care and protection.</p> <p>If you have answered NO to 1.5, 1.7 <u>and</u> 1.8 you must discuss this with the inspection lead/ deputy lead for clarification on whether the individual is within the file reading remit.</p>

Section 2 – Recognising and responding to concerns

This section is designed to gather evidence about the alertness of staff across services to signs that the individual may need protection and the actions taken to ensure the individual is safe. We include concerns that the individual may be at risk of self-harm or allegations of historic abuse that require investigation to ensure no individual is currently at risk. If you are considering how services have responded on more than one occasion in the last two years, tell us how effectively services have responded either on the most recent occasion, or overall, as you think appropriate.

2.1 This question refers to risk of significant harm that would in your view meet the threshold for a child/adult protection concern. It includes abuse, neglect, self-harm, exploitation and other forms of risk. Where concerns are not considered ‘immediate risk’ but there have been concerns about the individual’s wellbeing, answer no and refer to these concerns in 2.6.

If you answer NO skip to 2.6.

2.2 This question refers to the consideration of emergency legal orders only, these include:

Child Assessment Order (section 35 Children’s Hearing (Scotland) Act 2011)

- Child Protection Order (section 37 Children’s Hearing (Scotland) Act 2011)
- Place of Safety (sections 55- 56 Children’s Hearing (Scotland) Act 2011)
- Exclusion Order (section 76-80 Children (Scotland) Act 1995) to exclude an alleged abuser from the family home
- emergency placement in secure care accommodation
- protection orders made under the Adult Support and Protection (Scotland) Act 2007.
- protection orders made under the Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011.

Note that in most cases the use of emergency orders is NOT APPLICABLE.

You should only answer **NO** to this question in either of these cases:

- the individual was left at immediate risk when legal action would have been appropriate
- Legal measures were used but in your professional view, were inappropriate, for example if voluntary measures were not fully explored.

If you do answer NO, comment on this in 2.5.

2.3 With reference to the statements below, rate the effectiveness of services' response to protection concerns using rating scale 1.

Consider the extent to which:

- the individual's safety has been prioritised
- staff recognise signs that the individual may be at risk of harm, abuse or neglect (including self-harm or sexual exploitation)
- concerns are reported promptly and appropriately
- staff receiving the concerns respond without delay, whether concerns are made within or outwith office hours
- all information is gathered from relevant sources to make an initial assessment of risk
- investigations are planned and conducted effectively by staff with appropriate skills and training
- advice is sought from appropriate health staff when making decisions about the need for medical examinations
- medical examinations are carried out by appropriately trained staff in suitable examination suites appropriate to the individual's age and stage in district general hospitals and specialist hospitals (not in police stations or family homes)
- medical examinations pay attention to the individual's wider welfare and health needs as well as considering forensic evidence
- there is a clear process of decision-making about the actions required during, and as a consequence of, any investigations
- the individual and parents/carers are given helpful information about any concerns and actions taken, where appropriate.

2.4 Record key strengths and areas for development for all cases.

Consider commenting on:

- whether there was timely recognition of risk of protection concern
- whether protection concern(s) appropriately led to (a) timely initial referral discussion(s) (IRD) with a single shared recording
- whether the IRD led to an initial risk assessment and decision making, based on a clear rationale
- appropriate and timely multi-agency consideration of the need for a joint investigative interview(s) (JII)
- the quality of the most recent JII and whether timely and effective action was taken on the basis of the interview
- appropriate and timely multi-agency consideration of the need for a forensic medical examination or comprehensive medical assessment
- the quality of the medical assessment (including consideration of both the best interests of the individual whilst ensuring forensic evidence is obtained
- effectiveness of action taken to protect the individual
- whether appropriate legal measures were considered, sought and granted
- whether voluntary measures were fully explored
- whether the individual was placed away from home on an emergency basis and if so was this both effective and proportionate
- effectiveness of joint working with adult services to undertake adult protection processes
- whether communication and support have been offered to the individual and parents

	<ul style="list-style-type: none"> carers • any other relevant strengths or areas for development evident from the case record. <p>**All notifications of concerns about individuals should be taken seriously and it is important to share relevant information with the appropriate people or agencies. Before a decision can be taken as to whether a child or adult protection investigation is required, it is essential that all relevant services are engaged. In many areas this initial response for children’s and adult services is referred to as an IRD. These multi-agency discussions have different titles: in some areas an IRD is called an ‘inter-agency referral discussion’ while in other areas it is called an ‘initial referral discussion’.</p>
2.5	See guidance to 2.4 above.
2.6	<p>In answering this question you should consider whether there is something getting in the way of the individual’s wellbeing that is causing concern.</p> <p>For example the individual:</p> <ul style="list-style-type: none"> • is not reaching all their developmental milestones • has increasing caring responsibilities • poor nursery or school attendance • is experiencing barriers to accessing learning or employability support • has mental or physical health difficulties • has difficulties in relation to emotional wellbeing • has problems with substance use • has housing or homelessness issues • is experiencing very difficult family relationships or other important relationships • has come into contact with justice systems. <p>If you answer <u>NO</u> skip to 2.8.</p>
2.7	<p>With reference to the statements below, rate the effectiveness of services’ response to child wellbeing concerns using rating scale 1.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • the individual’s wellbeing has clear priority • staff recognise signs that there are concerns about the individual’s wellbeing • staff share information across services appropriately • staff take appropriate action to ensure the individual’s wellbeing is optimised • appropriate services are put in place to ensure the individual’s wellbeing needs are met • individuals and parents/ carers are given helpful information about any concerns and actions taken.

2.8	<p>Risk of harm to others is harm which poses any significant and unacceptable detrimental effect on another individual's physical, emotional or psychological wellbeing. This could be either a one-off incident or an accumulation of incidents. Individuals who abuse others should be held responsible for their abusive behaviour, whilst being identified and responded to in a way which recognises the individual's experience of trauma and adversity, meets their needs as well as protecting others. Risk of harm could be behaviour which is physically, sexually or emotionally abusive. Examples could include bullying, physical or sexual aggression, inappropriate use of touch or explicit language which causes distress.</p> <p>If you answer <u>NO</u> skip to 3.1.</p>
2.9	<p>With reference to the following statements, rate (using rating scale 1) the effectiveness of services' response to concerns that an individual may harm others.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none">• staff recognise signs that the individual person may present a risk to others• staff share concerns promptly, clearly and appropriately• staff receiving the concerns (both in and outwith office hours) respond without delay• information is gathered from all relevant sources to make an initial assessment.• information is shared appropriately to ensure both public safety and the safety of the individual• there is a clear process of decision-making about the actions required during, and as a consequence of, any investigations• the individual, his/her family and any other relevant people are given appropriate information and support about decisions and action• appropriate priority and attention is given to both the needs and welfare of the individual and risks to other people• staff have considered the individual's adverse childhood experiences and current circumstances whilst not minimising the risk of harm to others• victim (or potential victim) safety planning has been considered.

Section 3 - Processes: assessment, planning and reviewing

This section provides an opportunity to evaluate how well staff across services collaborate to assess risks and needs; the quality of plans and how effectively those plans are implemented; the effectiveness of arrangements to review and update plans to ensure they are fit for purpose in meeting individuals' needs.

Comment on assessments and plans, even if out of date, as long as they have been completed **within the last two years of practice.**

Getting it right for every child promotes an integrated and co-ordinated approach to multi-agency assessment and planning. There are a range of assessments and plans that are relevant, including assessments and plans for child and adult protection meetings, team around the child meetings, reports for children's hearings or the reporter, LAAC reviews. In particular, for (prospective) care leavers, a pathways assessment and plan may be the most appropriate document. There could also be specialist risk assessments and plans.

3.1 Document/report titles are immaterial. A risk assessment may not be standalone but incorporated into another document. There are local variations in the format used. It may be that a risk assessment is not necessary for example in a long term stable placement (tick not applicable). Only answer **NO** to this question if, in your professional judgement, there should be an assessment that considers risk and the individual does not have this.

If you answer **NO** or **NOT APPLICABLE** skip to 3.3.

3.2 If **ONE** document in the record addresses both risks and needs, rate separately how well risk is addressed within that single document in this question.

There are a number of factors which should be taken into account when considering the quality of the risk assessment. They may not all be relevant for every assessment, but assessments should always include appropriate analysis of the key factors.

With reference to the following statements rate (using rating scale 1) how well you think risk has been assessed. See also additional note on ratings below:

Consider the extent to which the assessment:

- contains all the information relevant for this type and level of assessment
- includes personal/family history
- details and analyses the specific risks to this individual, themselves and/or other people

- details protective factors, outlines how these are likely to reduce/ mitigate risk
- is structured in a meaningful way
- includes the views of the individual, their carer(s) and family
- addresses the communication needs of the individual fully (for example, language spoken, signs, symbols, speech and language therapy, Braille or audio)
- includes the views of all relevant agencies
- provides an analysis which takes appropriate account of up-to-date knowledge/theory/research
- includes a summary of previous support/intervention with the individual and family and the response to this
- clearly sets out options for action with the advantages and disadvantages of each option clearly stated
- offers a clear recommendation on the way forward
- refers to the information presented in the chronology
- is readable, in plain English and is easy to follow
- is thorough and detailed whilst not being overly lengthy
- is kept up to date and relevant to changing circumstances and the development of the individual
- is completed within the appropriate timescales
- assesses future potential risks when approaching transitions or changes (for example when permanency is being considered, when approaching adulthood, when transitioning schools or care settings).

Additional rating notes:

Excellent – as well as the description on the scale, an evaluation of excellent will indicate that the assessment provides a high level of and/or original insight into the case and analysis of risks.

Weak – as well as the description on the scale, an evaluation of weak will indicate that risks are listed without any analysis of the impact on this child and protective factors are listed without consideration of they will reduce risk.

Unsatisfactory – as well as the descriptions on the scale, an evaluation of unsatisfactory may indicate that key information is inaccurate or out of date and/or important areas of risk are overlooked and/or recommendations for action do not take account of the risks detailed.

3.3 Document/report titles are immaterial. A needs assessment may not be standalone but incorporated into another document. There are likely to be local variations in the format used. For some older young people receiving after care services or in continuing care, where there is stability, it may be that a needs assessment is not required (tick not applicable) all other individuals from the sample should have an assessment that considers need.

Only answer **NO** to this question if, in your professional judgment, the individual should have a needs assessment and does not have one.

If you answer **NO** or **NOT APPLICABLE** skip to 3.5.

3.4 If ONE document in the record addresses both risks and needs rate separately how well need is addressed within that single document.

There are a number of factors which should be taken into account when considering the quality of needs assessments. They may not all be relevant for every assessment, but assessments should always include appropriate analysis of the key factors.

With reference to the following statements, rate (using rating scale 1) how well you think needs have been assessed. See also additional rating notes below.

Consider the extent to which the assessment:

- is structured in a meaningful way
- includes a summary of previous support/intervention with the individual and family and the response to this
- contains all the information relevant for this type and level of assessment including personal/family history
- considers all of the wellbeing indicators
- includes the views of the individual, their carer(s) and family
- addresses the communication needs of the individual fully (for example, language spoken, signs, symbols, speech and language therapy, braille or audio)
- is integrated with contributions from all relevant agencies
- provides an analysis which takes appropriate account of up-to-date knowledge/theory/research
- clearly sets out options for meeting the individual's needs with the advantages and disadvantages of each option clearly stated and resource requirements identified
- offers a clear recommendation on the way forward
- refers to the information presented in the chronology
- is readable, in plain English and easy to follow
- is thorough and detailed whilst not being overly lengthy
- is kept up to date and relevant to changing circumstances and the development of the individual recognising changing needs
- is completed within the appropriate timescales
- assesses future needs when approaching transitions or changes (for example when permanency is being considered, when approaching age 16, or when transitioning schools or care settings).

Additional rating notes:

Weak – as well as the description on the scale, an evaluation of weak will indicate that there is limited consideration of the particular needs of this child, or a lack of clarity is identified about what is required to meet identified needs.

	<p>Unsatisfactory – as well as the descriptions on the scale, an evaluation of unsatisfactory may indicate that key information is inaccurate or out of date and/or important areas of need for this individual are overlooked. The assessment may identify needs but not address how to meet them.</p>
<p>3.5</p>	<p>If an assessment identifies risks, there should always be a plan to manage or mitigate them. In some cases, risks may be adequately addressed in a wider assessment and care plan. In such cases, you should answer this and question 3.6 by considering the extent to which this wider plan appropriately addresses how identified risks are to be managed. Such plans may be called a child’s plan, care plan or pathways plan.</p> <p>The implementation of GIRFEC promotes the idea of one plan for children. In certain cases, a discrete risk management/protection plan is appropriate. For example, there should be a clear child protection plan for reducing the specific risks for any child on the child protection register. The individual whose behaviour poses a high risk of harm to themselves or others should have a risk management plan to guide those working with/caring for the individual.</p> <p>There may be some individuals where no current risks have been identified and therefore risk management plan is NOT APPLICABLE. Only answer NO if, using your professional judgment, you view that risks are evident when reading the case file and there is no plan which addresses risks.</p> <p>If you answer <u>NO</u> or <u>NOT APPLICABLE</u> skip to 3.7.</p>
<p>3.6</p>	<p>With reference to the statements below rate (using rating scale 1) the quality of the individual’s plan to address risk. See also additional rating note below.</p> <p>Whatever form the plan takes, consider the extent to which it:</p> <ul style="list-style-type: none"> • addresses all of the assessed risks • is current enough to inform day to day practice with the individual • makes clear the agency and lead officer responsible for overseeing the plan to • has a clearly stated aim and desired outcome/s (albeit these may be short-term) • is a ‘SMART enough’ (specific, measurable, achievable, realistic and time bound) list of actions (this does not necessarily mean that all categories are perfectly completed, rather, that the plan contains sufficient detail to progress the plan for the individual) • shows clearly who is responsible for each action and by when it should be completed • is clear about how progress will be monitored and recorded • contains a statement on how partners will review and monitor the plan and how they will communicate/collaborate with each other • contains a statement about what partners will do if risks change (contingency planning) • has evidence of consideration of appropriate use of legislation and statutory

	<p>measures</p> <ul style="list-style-type: none"> • has evidence that the plan has been shared and agreed with the individual, parent or carer and agency lead. <p>Additional rating note:</p> <p>Unsatisfactory – as well as the descriptions on the scale, an evaluation of unsatisfactory may indicate that insufficient attention has been given to how to reduce or mitigate key areas of risk and/or there is a lack of involvement by services which have an important role to play in reducing or managing risks.</p>
<p>3.7</p>	<p>This may be called a Child’s Plan, a Care Plan, a Pathway Plan or similar but in some cases, the individual protection plan will be appropriate. In the latter case, however, the plan should still address needs as well as risks.</p> <p>In the <i>Getting it right for every child</i> approach and under the Children and Young People (Scotland) Act 2014, any child or young person assessed as having a wellbeing need which cannot be met or fully met without one or more ‘targeted interventions’ requires a multi-agency Child’s Plan. Therefore all children who are looked after and all children who are or whose names have recently been on the child protection register (including unborn babies), should have a plan which addresses needs.</p> <p>Young people in continuing care placements should have a plan and care leavers should also, in the main, have a plan, even when not engaging with a service but do have needs/risks. There may be some individuals where their level of needs do not require a detailed plan that addresses their needs. For example, care leavers who are eligible for aftercare services/continuing care services and who are not in need of regular support services. In this case tick NOT APPLICABLE.</p> <p>If there is a plan in the record but there is no clear assessment on which this plan is based, use the rest of the information in the record/s to help you make a judgement about the quality of the plan and its usefulness in directing intervention to meet an individual/young person’s needs.</p> <p>Only answer NO if, in your professional judgment, the individual should have a plan that addresses needs and does not have one.</p> <p>If you answer <u>NO</u> or <u>NOT APPLICABLE</u> skip to 3.9.</p>
<p>3.8</p>	<p>With reference to the statements below rate (using rating scale 1) the quality of the individual’s plan to address need. See also additional rating note below.</p>

Whatever form the plan takes, consider the extent to which it:

- is up to date and is of use in informing day to day practice with this individual (Even fairly recent plans may be considered out of date if they do not take account of significant changes in an individual's circumstances or needs)
- identifies needs for the individual which are addressed appropriately
- has sufficient ability to be responsive to direct staff in meeting new or emerging needs
- clarifies which agency and lead officer has responsibility for overseeing the plan;
- clearly states the aims and desired outcome/s (albeit these may be short-term)
- is a 'SMART enough' (specific, measurable, achievable, realistic and time bound) list of actions (this does not necessarily mean that all categories are perfectly completed, rather, that the plan contains sufficient detail to progress the plan for the individual)
- clarifies who is responsible for each action, and by when
- clarifies how progress will be monitored and recorded
- includes a statement on how partners will review and monitor the plan and how they will communicate/collaborate with each other
- includes effective contingency planning (if/when planned interventions do not result in the desired outcomes or needs change)
- includes evidence of consideration of appropriate use of legislation and statutory measures (if required)
- includes evidence that the plan has been shared and agreed with the individual, parent or carer and agency lead.

Additional rating note:

Unsatisfactory – as well as what is noted in the descriptions on the scale, an evaluation of unsatisfactory may indicate that insufficient attention has been given to how to meet need and/or there is a lack of involvement by services which have an important role to play in addressing need.

3.9 Where the individual has an assessment of risk or need, there should also be a chronology. Only in exceptional circumstances, such as where the individual has only recently become involved with services, a chronology might not be necessary and in such cases the answer to this question should be **NOT APPLICABLE**.

If you answer NO or NOT APPLICABLE skip to 3.11.

3.10 With reference to the statements below use rating scale 1 to rate the quality of the chronology. See also additional rating note below.

Consider the extent to the chronology:

- records significant events
- is up to date and accurate (use professional judgement to determine how up to date)
- records information of significant events reported by other services (joint chronologies)
- is detailed enough, but does not substitute for recording in the file
- contains significant life events (e.g. birth of sibling, change of school/ house/ employment, change in family relationships)
- demonstrates an understanding of how these events impact on the individual
- records changes to the individual's legal status
- refers to child and adult protection registration and deregistration
- clearly records any significant actions taken
- is demonstrably effective in contributing to the identification of risk and assessment of need
- is flexible, so that the level of detail may be increased if risk increases
- has been subject to review and analysis.

Additional rating note:

Unsatisfactory – as well as the descriptions on the scale, an evaluation of unsatisfactory may indicate that insufficient attention has been given to how to meet need and/or there is a lack of involvement by services which have an important role to play in addressing need.

3.11 This question requires consideration of the individual's circumstances and whether arrangements are being reviewed at a frequency which is reasonable to meet their needs and sufficient to guide staff in their intervention.

Minimum frequencies for reviewing care plans (set by Scottish Government regulations or guidance):

- children on the child protection register- first review of the child protection case conference within three months and thereafter six monthly
- children de-registered and not on any legal orders- no minimum frequency (however, best practice dictates continued multi-agency core group meetings following de-registration)
- children looked after at home- by agreement with child and parent(s) or where no agreement, first review within six weeks and thereafter annually
- children looked after in kinship, foster care, residential care and overnight short breaks: first review within six weeks, then within the next three months, thereafter six monthly
- children on permanence orders: by agreement with child and person with parental rights, or where no agreement, first review within six weeks and thereafter annually
- young people in continuing care placements- welfare assessment reviewed annually.
- young people entitled to after care support- pathways plans should be completed within 21 days of a pathways assessment and reviewed at least every six months thereafter.

Where the individual has only recently become involved in key processes, it may be too early to tell and in exceptional circumstances, reviews may not be applicable (for example where a care leaver is settled and no longer requiring a plan).

Only answer **NO** to this question if, in your professional judgment, the plan has not been reviewed at appropriate intervals.

If you answer NO, NOT APPLICABLE or TOO EARLY TO TELL skip to 4.1.

3.12 With reference to the following statements rate how well staff are reviewing the individual's progress using rating scale 1.

Consider the extent to which:

- there is sufficient challenge to drive progress forward within timescales appropriate to the individual
- the independent chair is carrying out their role effectively (where involved)
- review processes are streamlined to minimise the number of meetings that families (and staff) must attend
- reviews add value and contribute effectively to the lives of individuals
- all relevant staff across services, including those who work with adults in the family or the individual's network, are involved in reviewing processes as appropriate
- relevant services contribute to reviewing progress against the plan through participation in core groups and review meetings
- the individual is involved in the reviewing progress against the plan through participation in core groups and review meetings
- the individual is involved in the reviewing process including how well staff harness their views (based on their particular needs)
- the parent/carer, or other family members, are involved in the reviewing process and their views are considered and respected
- advocacy is available or has been offered to the individual/family.

Section 4 – Intervention

The range of interventions in this section includes all support available for children and young people in need of care and protection and their families, delivered by the range of services and providers available. Interventions may include further assessments (for example parenting, kinship care, mental health, alcohol/ drugs, youth justice or specialist health assessments).

There are specific questions around family contact, permanence and care leavers as well as more general questions relevant to all groups.

4.1 This question may apply to all children in the sample not just those identified as needing permanent substitute family care.

With reference to the following statements, use rating scale 1 to rate how well staff are planning towards securing a caring and stable environment for an individual. See also additional rating notes below.

Consider the extent to which:

- the plan for the individual appropriately identifies what needs to be in place to secure a nurturing and stable environment, at home, in school and in the community
- where the individual has had adverse experiences the plan identifies measures which are in place to minimise their impact and lead to improved stability and security
- strategies are in place to minimise periods of uncertainty for the individual
- the individual is provided with suitable accommodation options and support when leaving care
- contingency planning is evident to support the individual should difficulties arise which threaten their security and stability.

Additional rating notes:

Excellent - as well as what is suggested in the descriptions on the scale, a rating of excellent will indicate that the way in which staff are working to secure a caring and stable environment for individuals is very clear.

4.2 The relevance of this question relates to the importance of relationship based practice and its contribution to good outcomes for individuals and families.

Examples of 'one key person' are: a social worker, residential worker, foster carer, respite carer, relative, teacher, support worker, school nurse, befriender or mentor.

	<p>Use your professional judgement to assess whether this support is consistent, has been provided over a significant period of time and is having a positive impact on the individual.</p> <p>Most individuals within the sample group would benefit from the support of one key person. However, there may be an occasion where the individual does not require such support. An example of this would be in the case of a care leaver who is stable and not requiring such support. In such cases answer NOT APPLICABLE.</p>
<p>4.3</p>	<p>Appropriate resources may be identified in plans for the individual and their family in order to meet needs. If there is no plan, use your professional judgement to comment on whether or not referrals have been made to relevant services and the individual and their family have had access to all required interventions.</p> <p>Answer NOT APPLICABLE when the assessment appropriately identifies that no services are required to meet identified needs.</p>
<p>4.4</p>	<p>Appropriate interventions may be identified in plans for the individual and their family in order to manage or mitigate risks and meet needs.</p> <p>If there is no plan, use your professional judgement to comment on whether or not the individual and their family have had access to all required interventions aligned to identified needs. Examples of reasons to answer NO to this question could be if there have been long waiting lists or difficulties finding appropriate resources.</p> <p>Answer NOT APPLICABLE when the assessment appropriately identifies that no services are required to manage or mitigate risks and meet need.</p>
<p>4.5</p>	<p>This question relates to the effectiveness of interventions in meeting the identified risks.</p> <p>Using the factors listed below and your own professional judgement, use rating scale 2 to evaluate the extent to which interventions have been effective.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • There have not been any delays or gaps in the provision of appropriate interventions; • Services have been successful in engaging with all relevant individuals; • Progress has been made to reduce and improve the management of risk; and • The intervention has contributed to progress in this area. <p>Answer NOT APPLICABLE when the assessment appropriately identifies that interventions are not required to manage or mitigate risks.</p>

<p>4.6</p>	<p>Individuals referred to in this question have been identified by services (<u>not</u> the file reader) as requiring permanence. Where this is not the case, answer NOT APPLICABLE. Where a child has recently been identified as requiring permanence, it may be too early to tell how well this has progressed and in such cases answer accordingly.</p> <p>A child's experience and understanding of permanence is more important than the legal basis although this should contribute to a child's sense of permanence. Permanent alternative care may include adoption, permanent foster care (permanence order or some cases Section 25), or residence order (including Kinship Orders). You would expect the timescales identified in the plan to be met. Where they are not being met you would expect to see appropriate challenge by the reviewing chair and managers. Delays are sometimes caused by complex circumstances; you need to judge the extent to which these are acceptable. They should be clearly evident in the file.</p>
<p>4.7</p>	<p>This question relates to the effectiveness of support given to the maintenance of appropriate relationships between the individual and their parents. Using the factors listed below, and your own professional judgement, use rating scale 2 to evaluate the extent to which support has been effective.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • services have worked together to support appropriate parental relationships • efforts to engage relevant individuals have been successful • the level of support and monitoring ensures that service delivered and action taken is in the best interests of the child • there have been no gaps or delays in providing this support. <p>Where individuals are not separated from family members, or where maintaining parental relationships would be inappropriate, answer NOT APPLICABLE.</p>
<p>4.8</p>	<p>This question relates to the effectiveness of support given to the maintenance of appropriate relationships with brothers and sisters.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • services have worked together to support appropriate relationships between brothers and sisters • efforts to engage relevant individuals have been successful • the level of support and monitoring ensures that service delivered and action taken is in the best interests of the individual • there have not been any delays or gaps in providing this support. <p>Using the above, and your own professional judgement, use rating scale 2 to evaluate the</p>

extent to which support has been effective.

Where individuals are not separated from family members or maintaining sibling relationships would be inappropriate, answer **NOT APPLICABLE**.

4.9 This question relates to the effectiveness of interventions to support successful transitions for care leavers. Where the individual is not a care leaver, answer **NOT APPLICABLE**.

The Care Leavers Covenant gives guidance on how to meet the needs of young people who are often disadvantaged as a result of their care experiences. The best practice principles are as follows:

- **Assumption of entitlement:** Corporate parents will assume all care leavers are entitled to services, support and opportunities, up to their 26th birthday. Where discretion exists in definitions of vulnerability, or in giving priority access, these will be in favour of care leavers. This includes access to bursaries and grants; access to employment or training support and provisions; housing and accommodation options; health services; leisure, cultural and recreational opportunities with access to 'second-chance' opportunities.
- **Staying Put and Continuing Care:** Corporate parents will demonstrate that care leavers are actively encouraged, enabled and empowered to benefit from 'Staying Put' arrangements, remaining in positive care settings until they are ready to move on. Transitions will be based on the individual's needs and stage of development rather than chronological triggers and bureaucratic thresholds.
- **Relationships are the 'golden thread' of good practice.** Corporate parents will demonstrate that priority is given to relationship-based practice, based on understanding, empathy, respect, and 'stickability'. They will do this by minimising staffing changes and promoting consistency in workers, considering changes to services based on individual need rather than age. They will support young people to maintain positive relationships and attachments with previous carers and professionals throughout their care experience and beyond.

Consider the extent to which:

- services have worked together to meet the expectations of the above principles
- efforts to engage care leavers have been successful
- there have not been any delays or gaps in the provision of appropriate support.

Using the above statements, and your own professional judgement, use rating scale 2 to evaluate the extent to which support has been effective.

Section 5 – Involvement, supervision and quality assurance

This section explores arrangements to involve children and young people and their parents/carers in decisions that affect them. This section is also interested in the level of contact staff maintain with children and families and the involvement of all agencies in collaborative practice. There are also two questions regarding staff supervision and quality assurance.

5.1 Most individuals within the sample group should have contact with the lead professional. In exceptional cases, where the individual is settled and does not require such support, this may not be required. In such cases answer **NOT APPLICABLE**.

5.2 The parents/ carers of the individual should generally have contact with the lead professional. There are some exceptions to this, for example it could be that the parents of a child looked after in a permanent setting have disengaged from the lead professional or in the case of some independent care leavers, contact is not appropriate. In such cases answer **NOT APPLICABLE**.

5.3 Most children and young people within the sample group are likely to have the involvement of more than one agency, though in exceptional circumstances this may no be the case. In such cases answer **NOT APPLICABLE**.

You should expect to see all staff carrying out the actions they are responsible for in the plan. You should also expect to see evidence of good communication between partners regarding progress, about any difficulties and significant changes in an individual's life. There should be active collaboration in responding to changes in circumstances requiring immediate action.

If you answer YES, UNCLEAR or NOT APPLICABLE skip to Q.5.5.

5.4 Use your professional judgement in this question. Tick all that apply.

5.5

- With reference to the following statements, use rating scale 1 to evaluate how effectively staff have involved the individual in key processes, including seeking and recording their views. e given their views
- staff take account of any communication needs and use innovative methods to harness their views children of all ages should normally attend Children's Hearings

Consider the extent to which:

- the way in which the individual is effectively involved in key processes, including seeking and recording their views clearly
- there is evidence in case notes, minutes and/or correspondence reflecting conversations with the individual (and/or appropriate representative)
- there is evidence of the individual being invited to attend and contribute to meetings where key decisions are made
- where individuals choose not to attend it is clear how their views are taken into account and influence decision making
- there is evidence of the individual (and/or appropriate representative) being present at and contributing to meeting(s) where their views are sought and key information is being shared
- copies of reports, letters, worksheets or other material directly from the individual, which you may also see in the record, evidences how they hav
- and looked after children reviews unless there is good reason for the panel or meeting chair to excuse them
- children's attendance at child protection case conferences and core groups is less routine, but commonly accepted good practice would support older children and young people to be supported to attend at least part of case conferences and core groups.
- where the individual has not attended the meeting, the reason for not attending is outlined in the record
- the necessary support, including independent advocacy, is provided to enable the individual to participate fully in key processes
- after meetings, there is evidence of discussion with the individual about the decisions made and their implications, whether or not they attended.

In exceptional cases, such as an unborn baby or very young child, it may not be appropriate to involve the individual. In such cases answer **NOT APPLICABLE**.

5.6 With reference to the following statements, use rating scale 1 to evaluate how effectively staff have involved an individual's parents, carers and families in key processes including seeking and recording their views.

Consider the extent to which:

- the way in which the individual's parents/carers are effectively involved in key processes, including seeking and recording their views is very clear
- there is evidence in case notes, minutes and/or correspondence reflecting a conversation with parents/carers
- there is evidence of parents being invited to attend and contribute to meeting(s) where key decisions are made
- there is evidence of parent/carers and family (and/or appropriate representative) being present at and contributing to meeting(s) where their views are sought and key information is being shared
- parents are included in all child protection meetings, including core groups, and most looked after children reviews
- consideration is given to the need for independent advocacy where parents have disabilities or additional support needs.

	<p>Where parents have engaged their own legal representation, this should not be considered independent advocacy. We would expect to see evidence that staff have considered the need for advocacy and made information available to parents/carers about available advocacy services where it may be helpful. It is not necessary for parents/carers to take up the suggestion of advocacy.</p> <p>In some circumstances, such as a child who is in a permanent care arrangement or a care leaver, it may not be appropriate for staff to involve the individual's parents. In such cases answer NOT APPLICABLE.</p>
<p>5.7</p>	<p>With reference to the following statements use rating scale 1 to evaluate how effectively the individual has been supported to understand and exercise his/her rights, comment on the services he/she has received and express dissatisfaction or make a complaint.</p> <p>Consider the extent to which:</p> <ul style="list-style-type: none"> • independent advocacy (see guidance at 5.8) has been provided to support an individual/young person to understand decisions made and communicate views on his/her behalf • the individual has been informed about and encouraged to exercise their rights • there are opportunities for the individual to express what they think about the services they receive • the individual has been informed and understands how they can go about expressing their dissatisfaction and/or making a complaint • the individual has been supported to make a complaint or challenge a decision. <p>For very young children or individuals with very significant communication challenges, staff may be unable to support the individual to understand. In such cases answer NOT APPLICABLE.</p>
<p>5.8</p>	<p>Independent advocacy is that provided by an individual who does not have a role in the decision-making processes involved in supporting the individual. This could be by a third party organisation specifically commissioned to ensure the individual's views are heard independent of, but to inform, the process. Examples can include 'Who Cares? Scotland', or 'Children 1st's child protection advocacy service. This could also include 'Children's Rights Officers' employed by local authorities. It does not include safeguarders.</p>
<p>5.9</p>	<p>'Other' advocacy is that which can be provided by an individual professional who may be part of the decision-making process but whose job also involves ensuring the views of the individual are heard within that process. For instance, many social workers, teachers or youth workers would identify their role in advocating on behalf of the individual.</p>

5.10	See guidance at 5.8 and 5.9 above.
5.11	Evidence may be found in contact notes or other correspondence. A formal record of supervision sessions or record of informal discussions with appropriate member of staff would not normally be found in case records but it is appropriate for staff to note a decision made as a result of guidance from, or actions agreed with, a manager.
5.12	Consider whether there is evidence of routine review of the records or of key documents within the record.

Section 6 - Impact and Outcomes

In this section, you are asked to make judgements about the impact on, and outcomes achieved, for the individual. There may be less tangible but no less significant improvements from the individual's perspective. Where there is evidence in the record that the individual feels there has been an improvement, for example feeling safer, happier, more secure or more included. You may find their own words recorded in minutes, surveys or reports.

6.1 A positive outcome of intervention is a demonstrable observed, recorded or stated improvement in the individual's circumstances.

Examples could include

- sustained supportive, trusting relationships
- being safer, healthier, or more active
- better educational attainment and/or engagement or enhanced employability
- reduction in offending behaviour or alcohol/ drug use
- increased independence and/ or self advocacy
- attainment of developmental milestones
- making friends or reduction in isolation and loneliness

This question asks specifically about improvements in the individual's life. Be cautious with positive comments from parents/carers about their own situation unless there is clear evidence that improvements for adults have also led to tangible improvements for the individual. In exceptional circumstances only, for example with a settled care leaver not involved with supports over the past two years, answer **NOT APPLICABLE**.

6.2 A positive outcome of intervention is a demonstrable improvement in the family's circumstances. You should therefore consider the impact of services on family wellbeing. By family, we mean the individual's 'birth parents', 'kinship carers' and/or any siblings with whom the child has regular contact.

Examples could include:

- parents and carers, who find it difficult to accept help, successfully build trusting relationships with staff
- parents/carers demonstrate improved capability and capacity for change
- parents/carers experience more confidence in parenting and increased resilience

If the individual is not involved with family, answer **NOT APPLICABLE**.

6.3 If required, enter any additional and relevant comments about aspects of practice in this case, that will be helpful informing the evaluation of services for children and young

people in need of protection and support. Include any services making an exceptional contribution to improving outcomes for the individual/family and any examples of best practice. If you have no comments to make, enter **NOT APPLICABLE**.

Appendix 1: Smart Survey Instructions

Online Version:

- You will receive an email containing the online link to access the survey
- Copy the link address from the email, open Internet explorer and paste the copied link address into the web address bar at the top of the page and press enter and you are ready to begin entering the file details within the survey.
- Refresh the link in the browser for each new file you read to generate a new survey page.
- Begin the survey and answer all appropriate questions
- If mandatory questions are left unanswered, the user will be promoted to complete these by an on screen error message.
- **Skip Logic will be available** within the online version of the survey. Readers will automatically be redirected throughout the survey depending on previous answers.
- You can take a break from the survey at any time and still be able to return to where you finished off by using the Save and Continue Later button at the bottom of the page. You will be prompted to enter your name and e-mail address. A link to the partially completed survey will be sent to you by email for you to continue with the survey where you left off. It is vital that you enter an email address that you have access to at the time.

Save and Continue Later

You have chosen to save and continue your survey response at a later time. Please enter your email address below and we will email you a link for you to access the survey in the future.

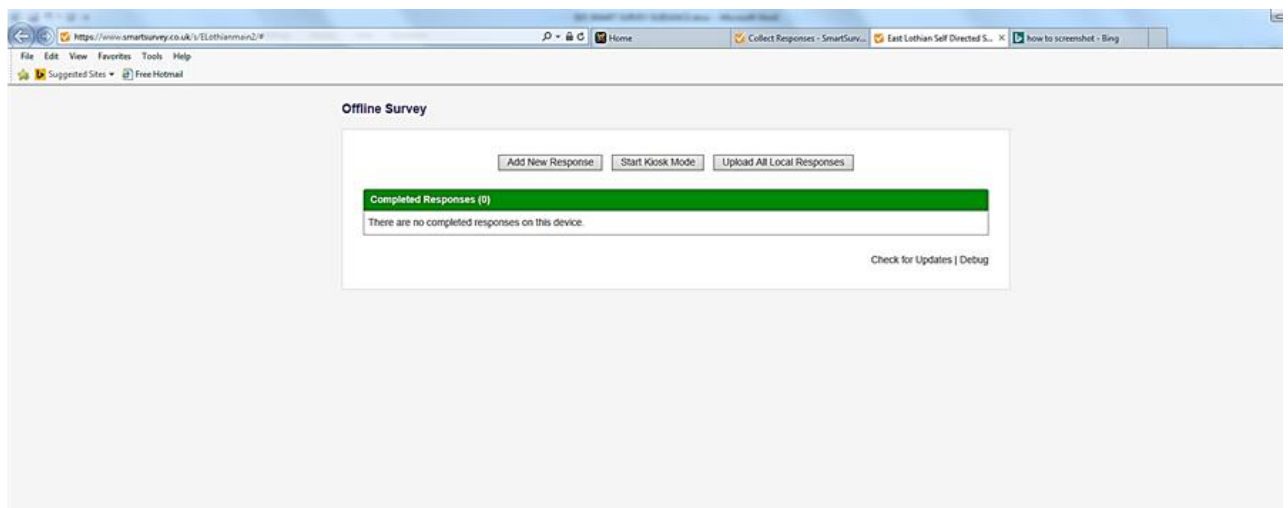
Name:

Email:

- Once you have completed the survey your response will be automatically uploaded.

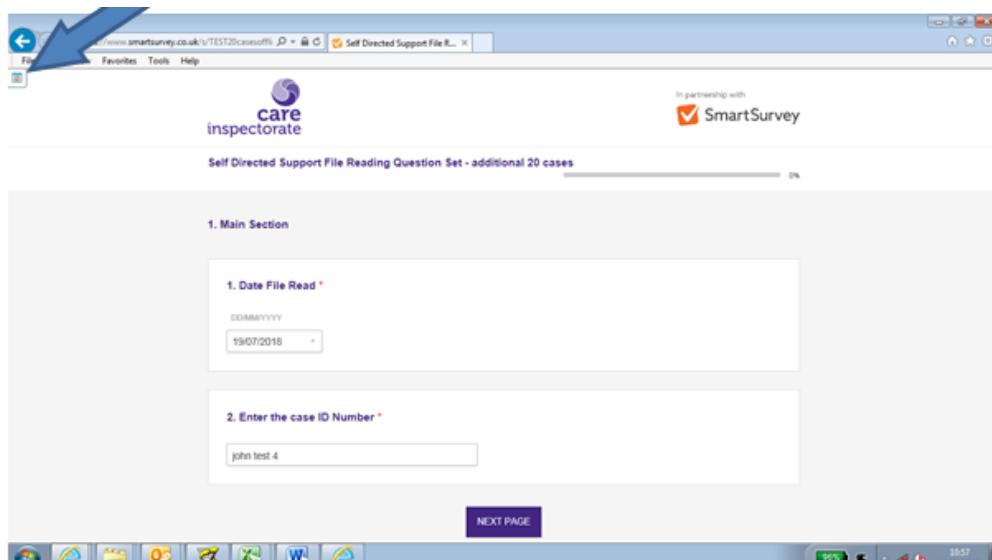
Offline Procedure:

- You will receive an email containing the offline link to access the survey and an upload password.
- Please take a note of this password as it must be entered when you are next online and ready to upload the survey information.
- Copy the link address from the email, open Internet Explorer and paste the copied link address into the web address bar at the top of the page and press enter.
- The 'add new response' page will then appear and you are ready to begin entering the file details.



- **IMPORTANT – You must do this step while you have online access so that it is live in your browser when you go offline.**
- Do not switch off your laptop at any point during the file reading session or close down the browser after you have accessed the 'add new response' page' online, as you will no longer have access when offline. If you accidentally close the browser then you will need to find online access and repeat the steps above to begin the survey again.
- When you are ready to input the survey information, click 'add new response', complete the survey and then click 'Finish Survey'.
- Each time you complete the survey you will be taken back to the 'add response page'. Repeat this process until all file information has been entered for each individual.
- To **save and continue** a section after a break, please make sure you complete all questions within a survey page before leaving the survey. If you leave the survey half way through a page then only the information up to the end of the previous page will be saved. You will lose anything entered on the current page.
- In the offline survey there is a very small icon in the top left corner of the screen, it looks like a little tiny version of a survey page (screenshot below) At

any point when completing the survey offline you can click this and it takes you back to the add new response page where you can either go back in to your partially completed survey or start a new survey.

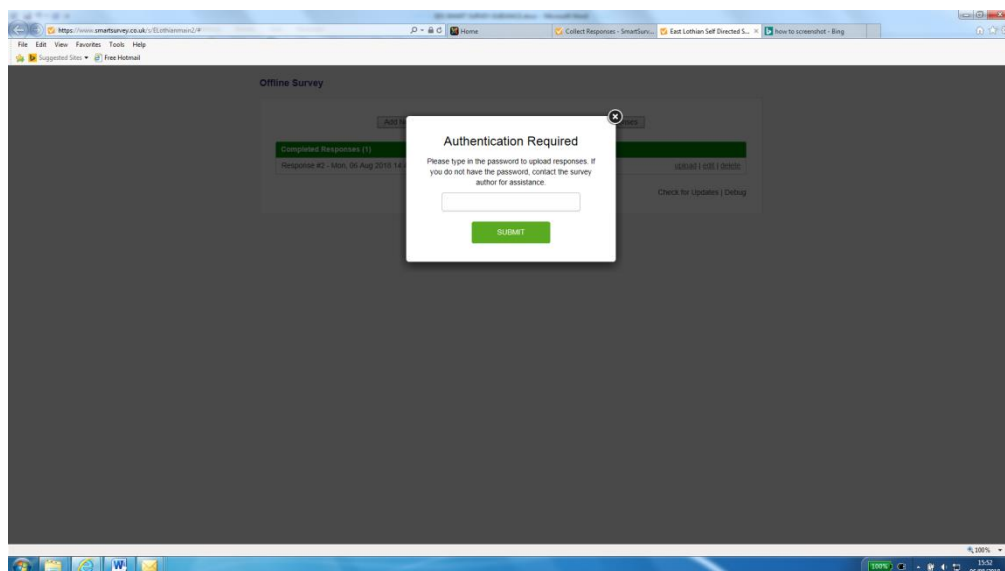


The screenshot shows a web browser window with the URL <http://www.smartsurvey.co.uk/TEST20/casesoffli>. The page title is "Self Directed Support File Reading Question Set - additional 20 cases". The form is titled "1. Main Section" and contains two questions:

- 1. Date File Read ***
DDMMYYYY
19/07/2018
- 2. Enter the case ID Number ***
john test 4

A "NEXT PAGE" button is located at the bottom of the form.

- The **Skip Logic will not be available** in offline mode so when inputting responses please ensure you follow the guidance and where appropriate skip to the next relevant question.
- **IMPORTANT – When you have completed the survey for all files do not switch off the laptop or close the browser.**
- You will need to leave the 'add response page' active until you find online access.
- When you are ready to upload the survey responses click on 'Upload all local responses'. At this point you will be asked to enter the upload password which was provided in the original email with the survey link.



- Enter the password, click 'Submit' then 'Start uploading'.
- If the laptop is switched off or the browser closed before you upload your responses all completed forms will be lost.

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Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

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یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

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